

# AGENCY FOR HEALTH CARE ADMINISTRATION

## STATEMENT OF AGENCY ORGANIZATION AND OPERATION

### GENERAL DESCRIPTION

The Agency for Health Care Administration is authorized in Section 20.42, Florida Statutes. It is the chief health policy and planning entity for the state. The Agency is responsible for health facilities licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the Certificate of Need program; the operation of the Florida Center for Health Information and Policy Analysis; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics; and other duties prescribed by statute or agreement.

The head of the Agency for Health Care Administration is the Secretary, who is appointed by the Governor, subject to confirmation by the Senate.

### ORGANIZATIONAL STRUCTURE

The Agency for Health Care Administration is divided into various units and subunits as follows:

#### Chief of Staff's Office

The Chief of Staff's office coordinates Medicaid and health care regulation policy with other state agencies, the Florida Legislature and the federal government. This office oversees Communications and Legislative Affairs, the Division of Information Technology, and serves as the liaison to the Florida Washington Office.

#### ***Communications Office***

The Communications Office is the primary resource for promotion and publication of Agency issues, programs, functions and special initiatives, both internally and externally. The Office uses cutting edge technology to create brochures, webinars, training courses and other collateral materials in order to broadcast the Agency's message to stakeholders. These items are then distributed via traditional mail, e-mail, social media and other digital resources to ensure the widest dissemination possible.

Another responsibility of the Communications Office is to serve as the primary gateway for media inquiries coming to the Agency. At times, this response may be in the form of remote or on-site interviews with Agency personnel. The Office makes every effort to respond to each media request as thoroughly, efficiently and timely as possible.

The Communications Office is constantly monitoring media outlets to track, identify and respond to any health care issues that may be of interest to the Agency and its mission of providing "Better Health Care for All Floridians."

#### ***Legislative Affairs Office***

Legislative Affairs is responsible for advocating the Agency's policy and budget priorities before the Florida Legislature and works to secure their passage. The office serves as the Agency's information resource on legislative matters, provides counsel, information and support to legislators, industry interests, legislative committee staff, the public, and Agency staff.

Legislative Affairs works closely with the Governor's Office and other executive agencies throughout the legislative session, coordinates the formulation of the Agency's legislative agenda, and oversees all bill tracking, policy analysis, and matters related to legislative planning throughout the year. The office also serves as the contact point for constituent issues provided by legislators' offices.

### ***Division of Information Technology***

Lead by the Agency's Chief Information Officer, the Division of Information Technology (IT) provides Agency enterprise-wide integrated system solutions and high-quality customer service to ensure the efficient utilization of technology resources and investments. IT consists of three business units: the Bureau of Application Development and Support, the Bureau of Customer Service and Support and the Bureau of IT Strategic Planning and Security.

### **Division of Operations**

The Division of Operations is headed up by the Deputy Secretary of Operations and is the Agency's business support unit. It assists the Agency with financial, personnel and support related functions.

### ***Bureau of Financial Services***

The Bureau of Financial Services is responsible for financial, administrative and operational knowledge of the Agency, state and federal rules and regulations, and the legislative budget process. The bureau manages and directs all budget related activities for the Agency, including the development of the Agency's legislative budget requests; monitoring of appropriations assuring consistency with the Agency's financial plan, General Appropriations Act and legislative intent; and preparation of bi-weekly position and rate ledger reports; budget amendment and other budget related reports; and preparation of the Long Range Program Plan. The bureau serves as the Agency's budget liaison with the Executive Office of the Governor, Office of Policy and Budget, Senate and the House of Representatives. The bureau is also responsible for paying vendors; reimbursing state travelers; disbursing to other State agencies; receiving and depositing payments from facilities for license fees, assessments and fines; posting and reconciling accounting transactions; distributing the Agency's monthly financial reports; preparing financial statements for the Agency; maintaining accounting data; administering and reporting on grant funds; administering payment plans for accounts receivables; updating accounting information in the property subsystem; and administering the Agency's purchasing card program.

### ***Bureau of Human Resources***

The Bureau of Human Resources is responsible for establishing and maintaining policies and procedures; processing personnel actions; directing the processing of payroll actions; and providing and coordinating professional development and supervisory training and employee training records.

### ***Bureau of Support Services***

The Bureau of Support Services provides general services support to the Agency's staff, both at headquarters and the field offices. It is comprised of three sections. The Procurement Office administers all Agency contracts and purchases, including contract development, purchase order issuance, contract manager monitoring and training and purchasing card audits. The Facilities Unit is responsible for maintaining the Agency's Safety Program. Mailroom staff

handles all mail service functions for the Agency, as well as serving as the Agency's records management liaison officer.

***Medicaid Third Party Liability Unit***

The Third Party Liability (TPL) Unit monitors the performance of the Florida TPL contractor, currently Affiliated Computer Services (ACS). TPL includes casualty recovery, estate recovery and Medicare and other third party payer recoveries.

**Division of Health Quality Assurance**

The Division of Health Quality Assurance (HQA) is responsible for the regulation of 40 types of health care facilities and businesses (providers) and managed care organizations and more than 46,000 facilities/providers including health maintenance organization, nursing homes, hospitals, assisted living facilities, home health agencies, health care clinics, clinical laboratories, and others. Duties include:

- state licensure, federal certification, and criminal background checks for owners, operators and certain health care provider staff;
- routine and complaint inspections and plans and construction reviews for certain facilities;
- consumer and public information regarding health care facilities including licensure and inspection information to the public and public record requests;
- financial reviews and analysis for licensure and regulatory assessments; and
- managed care regulation, including network verification licensure, complaint investigations, subscriber grievance review, Medicaid managed care organizations, and Medicaid health plan contract compliance monitoring.

As part of its duties, HQA assists in the operation of ESF8 (Health and Medical) at the state's Emergency Operations Center and is the state survey agency for federal certification activities. The division contains the following bureaus:

***Bureau of Health Facility Regulation***

The Bureau of Health Facility Regulation is comprised of six units, Hospital and Outpatient Services, Long Term Care, Assisted Living, Home Care, Clinical Laboratory and Health Care Clinic, which manage state licensure, registration and federal certification requirements for 27 different facilities and providers. The mission of the bureau is to provide for the health, safety and well-being of individuals through effective regulatory and remedial activities including directive measures (standards, targets, guidelines, and other requirements), surveillance and assessment of performance through audits, inspections, investigations, etc., enforcement actions and sanctions, and collaboration with state and federal health and regulatory partners. The bureau also serves as a resource for inquiries from the community and government leaders and maintains facility-related data that is available for consumers, researchers, and policy makers.

***Bureau of Managed Health Care***

This Bureau of Managed Health Care administers regulatory oversight and monitoring of commercially licensed and Medicaid managed care organizations, including behavioral health organizations and subcontracted behavioral health organizations to ensure that recipients and subscribers receive quality health care services. It conducts quality assurance surveys, onsite and desk reviews in addition to investigating complaints against managed care organizations and overseeing national accreditation surveys. The bureau also reviews applications for commercial health maintenance organizations, Medicaid managed care organizations and

prepaid health clinics. The bureau provides professional and technical assistance to consumers and providers and works in conjunction with the Division of Medicaid to implement the rules, policies and procedures of the Medicaid program. Through the Subscriber Assistance Program, it handles the external grievance process for managed care subscribers whose complaints are not resolved to their satisfaction by their commercial or Medicaid HMOs. In regard to Workers' Compensation, the Bureau is responsible for initial authorization of managed care arrangements, annual surveys and annual authorization of plan expansions. The Contract Management Unit oversees the contract for the Provider Dispute Resolution Program and manages the administration of the Health Care Responsibility Act.

#### ***Bureau of Field Operations***

Through eight Field Offices, the Bureau conducts health care facility and services inspections for all facilities and services licensed or otherwise regulated by the Agency. It also conducts surveys for all providers certified by the Centers for Medicaid and Medicare Services. The Bureau's Complaint Administration Unit is responsible for the intake and referral to the field offices for the inspections related to consumer complaints and is responsible for oversight of the Agency's Complaint and Information Call Center. The Survey and Certification Support Branch is responsible for staff and provider training, quality assurance activities and assures compliance with the federal data requirements.

#### ***Bureau of Central Services***

The Bureau of Central Services manages responsibilities that support other bureaus in the Division with shared functions. The Bureau is comprised of four units: Background Screening, Financial Analysis, Central Intake and Systems Management. The Background Screening Unit manages the background screening activities for regulated providers as well as the maintenance and operation of the Care Provider Background Screening Clearinghouse. The Financial Analysis Unit manages the hospital financial data collection and analysis and conducts financial reviews of regulated providers to determine ability to operate. Central Intake maintains the Division's initial intake of mail, scanning, electronic document management, and approvals for access to Online Licensing. The Systems Management Unit is responsible for data reporting and quality analysis, system support and training, licensure eligibility verification of regulated providers and controlling interests, and Agency strategic planning.

#### ***The Office of Plans and Construction***

Through three offices located in Tallahassee, Orlando and Miami, the Office of Plans and Construction is responsible for ensuring that hospitals, nursing homes, ambulatory surgical centers and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) are physically safe, functional, and provide appropriate, building code-compliant shelter for patients and residents. With state licensed architects, engineers and other specially trained personnel, the Office reviews and approves facility plans and specifications and conducts inspections of the construction to ensure state and federal regulatory requirements are met. The Office also performs architectural reviews for Certificate of Need requests.

#### ***Florida Center for Health Information and Policy Analysis (Florida Center)***

The Florida Center is responsible for collecting, compiling, coordinating, analyzing and disseminating health related data and statistics for the purpose of developing public policy and promoting the transparency of consumer health care information through

www.FloridaHealthFinder.gov. The Florida Center is responsible for the implementation of statewide plans for health information exchange and electronic health records adoption funded by the HiTech Act of 2009. The Florida Center is also responsible for collecting adverse incident reports from hospitals, ambulatory surgery centers, health maintenance organizations, nursing homes and assisted living facilities.

The Florida Center also includes the Certificate of Need (CON) program, which is a regulatory process that requires certain health care providers to obtain state approval before offering new or expanded services or making major capital expenditures. In Florida, CONs are required for the initial licensure of a hospice, skilled nursing facility, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), or hospital. Certain hospital specialty services are also subject to CON review. The CON process is intended to help ensure that new services proposed by health care providers are needed for quality patient care within a particular region or community.

### **Division of Medicaid**

The Division of Medicaid directs all Medicaid program planning and development activities. It plans, develops, organizes and monitors program planning, coverage and reimbursement policies and oversees provider and consumer relations. Additionally, the Division administers the Medicaid fiscal agent contract and formulates long-term plans for service delivery. It contains the following:

#### **Assistant Deputy Secretary for Medicaid Finance**

The Assistant Deputy Secretary for Medicaid Finance is the Medicaid Chief Financial Officer and is responsible for the Bureaus of Medicaid Program Analysis, Medicaid Program Finance, and Medicaid Contract Management.

#### ***Bureau of Medicaid Program Analysis***

This bureau is responsible for data analysis, setting rates for health plans reimbursed on a capitated basis, managing risk adjustment payments and processes, calculating cost effectiveness and budget neutrality for all 1915(b) and 1115 waivers, performing audits on nursing home cost reports, and managing the Medicaid Encounter Data System.

#### ***Bureau of Medicaid Program Finance***

This bureau develops and monitors the Medicaid budget, forecasts Medicaid caseloads and expenditures, coordinates the preparation of legislative budget requests, develops Medicaid cost reimbursement plans for nursing homes and hospitals, and calculates the impact of federal program changes on the Florida Medicaid program.

#### ***Bureau of Medicaid Contract Management***

This bureau monitors all activities of the Medicaid fiscal agent for compliance with the contract agreement, all federal mandates, state rules and regulations; coordinates eligibility information transfer between the FLORIDA system and Florida Medicaid Management Information System; assists Medicaid providers in claims resolution; and manages and coordinates Florida Medicaid HIPAA activities in conjunction with the HIPAA Privacy and Security Compliance Office. It is also responsible for assisting providers with enrollment into the Medicaid program and all systems hardware and software processes, changes and additions.

### **Assistant Deputy Secretary of Medicaid Operations**

The Assistant Deputy Secretary for Medicaid Operations is responsible for the Bureaus of Medicaid Services and Pharmacy Services, and the Performance, Evaluation and Research Unit.

#### ***Bureau of Medicaid Services***

The Bureau of Medicaid Services is responsible for the development, coordination and implementation of Medicaid program policies and procedures and administration of the program's medical authorization functions. It is responsible for the development and maintenance of the Medicaid State Plan, administrative rules and manuals. It coordinates policy development with other departmental entities and health care organizations. It prepares federal Medicaid waivers, prepares budget justifications for program issues, and analyzes the impact of new and amended state and federal laws and rules.

#### ***Bureau of Pharmacy Services***

The Bureau of Pharmacy Services is responsible for administration, management and oversight of the Medicaid Pharmacy Services program. This includes policy development and implementation, including oversight of advisory bodies, the Pharmaceutical and Therapeutics and Drug Utilization Review committees. The Bureau manages the Medicaid Preferred Drug List and undertakes rule making necessary to optimize drug therapy for Medicaid beneficiaries by ensuring access to pharmaceuticals that are clinically efficient, cost effective, and produce desired outcomes.

#### ***Performance, Evaluation, and Research Unit***

The unit is responsible for coordinating quality standards for Medicaid health care programs. Specific duties include the establishment and analysis of managed care performance measures, contract management of the External Quality Review Organization, maintenance of the state's Medicaid Quality Assessment and Improvement Strategy, and management of the Children's Health Insurance Program Reauthorization Act grant. The unit has oversight responsibility on the research and production of several annual publications including the Maternal Infant and Child Health Status Indicators Report, the annual KidCare Evaluation Report, and the Medicaid consumer satisfaction survey report. The unit oversees the federally mandated evaluations of several waiver programs including family planning, the Medicaid managed care pilot, and the MEDS-AD waiver. In addition to waiver evaluations, the office sponsors research in other areas including long-term care and aging policy, women and children's issues, and behavioral and mental health issues that impact Medicaid.

### **Assistant Deputy Secretary for Medicaid Health Systems**

The Assistant Deputy Secretary for Medicaid Health Systems is responsible for the Bureaus of Health Systems Development, the 11 Medicaid Field Offices, and the Choice Counseling Unit.

#### ***Bureau of Medicaid Health Systems Development***

This Bureau is responsible for managed care policy development, the approval of health plan applications and contract management for various Medicaid managed care programs including: Medicaid health maintenance organizations, the MediPass program, disease management programs, pediatric emergency room diversion program,

minority physician networks, provider service networks, prepaid dental health plans, and Medicaid exclusive provider organizations. The Bureau develops and implements Medicaid managed care program policies, procedures, waivers, administrative rules, manuals and budget issues.

***Bureau of Medicaid Field Operations***

The 11 field offices monitor the implementation of Medicaid policies and procedures; provide technical assistance, consultation and training to providers, governmental agencies and community organizations; assist in the recruitment and retention of Medicaid providers; contract with community transportation coordinators; and coordinate the primary care case management (MediPass) program; and assist Medicaid enrollees and providers with issues related to Medicaid services.

***Choice Counseling Unit***

The Choice Counseling Unit oversees the comprehensive beneficiary Choice Counseling program. Through the Choice Counseling efforts, recipients are assisted by specially trained staff in choosing a health plan that best meets their individual needs. The Choice Counseling program offers a myriad of ways for recipients to access this service and offers special services for the disabled and recipients with special health care needs. The Choice Counseling Unit also oversees the Medicaid enrollment broker contract.

**The Office of the Inspector General**

The Inspector General works to provide a central point for coordination of, and responsibility for, activities that promote accountability, integrity, and efficiency in government and ensures that the Agency's programs and services comply with all applicable laws, policies and procedures in accordance with Section 20.055, 112.3187 through .3189, and 112.3195, Florida Statutes. In addition to these duties, the Inspector General is responsible for the oversight of the Office of Medicaid Integrity (MPI), which is authorized by Section 409.913, Florida Statutes. MPI audits and investigates Medicaid providers suspected of overbilling or defrauding Florida's Medicaid program, recovers overpayments, issues administrative sanctions and refers cases of suspected fraud for criminal investigation. The Inspector General's Office contains the following sub-units:

***Investigations Section***

The Investigations Section conducts, supervises and coordinates investigations or inquiries designed to detect and prevent fraud, waste, misconduct, mismanagement and other abuses within the Agency. It conducts internal investigations of Agency employees regarding alleged violations of policies, procedures, rules or laws. Complaints may originate from the Office of Chief Inspector General (Whistle-blower complaints), Comptroller's "Get Lean" Hotline, Agency management, Agency employees, other state or federal agencies, health care facilities and/or practitioners, or law enforcement entities.

***Internal Audits***

Internal Audit functions as an independent and objective assurance and consulting entity with the purpose of adding value to improve the operations of the Agency. It accomplishes this function by conducting an annual risk assessment of the Agency, reviews, audits, management consulting engagements and business control self-assessments.

***Office of Medicaid Program Integrity***

Medicaid Program Integrity is responsible for overseeing the activities of Medicaid recipients and Medicaid providers and their representatives to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible. The Office identifies and recovers overpayments made to Medicaid providers and imposes sanctions as appropriate. These actions are accomplished through detection analyses, fraud and abuse prevention activities, audits and investigations, imposition of sanctions, and by making investigative referrals to the Medicaid Fraud Control Unit of the Office of the Attorney General, to the Department of Health and to other regulatory and investigative agencies.

#### ***HIPAA Privacy and Security Compliance Office***

The HIPAA Office advises and assists the Agency in its HIPAA Privacy Rule compliance efforts and assists Medicaid beneficiaries in exercising their access rights under HIPAA by reviewing record requests for HIPAA compliance; responding to requests concerning Medicaid claims data from past and present beneficiaries; documenting and assisting in the mitigation of complaints against the Agency for HIPAA violations; supervising privacy and security training for all Agency employees; and serving as the Agency's point of contact for HIPAA-related investigations or audits by the U.S. Department of Health and Human Services, Office of Civil Rights.

#### **The Office of the General Counsel**

The General Counsel's Office (GCO) is managed by the General Counsel. The General Counsel is the chief legal officer of the Agency, is a member of the Agency Management Team, and advises the Secretary and the Agency Management Team on all legal issues relating to the Agency. The General Counsel supervises the Deputy General Counsel and all OGC section leaders, except the Agency Clerk who is supervised by the Deputy General Counsel.

The GCO provides legal advice and representation for the Agency on all legal matters, including: licensure and regulation of health care facilities; regulation of managed care plans; administration of the Medicaid state plan; recovery of Medicaid overpayments due to abuse or third party liability; and, civil litigation related to various Agency programs. The office of the Agency Clerk's Office and the Public Records Office are also managed by the Office of the General Counsel. The GCO has seven sections:

#### ***Agency Clerks Office***

The Agency Clerk's Office (ACO) receives all requests for hearing and other documents filed with the Agency; reviews all requests for hearing and grants or denies such requests based on their timeliness and legal sufficiency; rules on various motions and requests filed with the Agency; processes and mails all Final Orders issued by the Agency; prepares the record indices and records for every Agency case that is appealed; and, oversees the Agency's Public Records Office. The Agency Clerk is responsible for implementing the provisions of Chapters 119 and 120, Florida Statutes, and Chapter 28, Florida Administrative Code.

#### ***The Appellate Section***

The Appellate Section is responsible for handling and/or monitoring all Agency appeals cases filed in the Florida District Courts of Appeal, Florida Supreme Court, and Eleventh Circuit Court of Appeals. The Appellate Section is also responsible for advising Agency clients and attorneys in the General Counsel's Office on issues related to appeals.

#### ***The Facilities Section***

The Facilities Section provides legal representation to the Agency's Division of Health Quality Assurance.. Their representation consists of appearing on behalf of the Agency on licensure and regulation matters, which includes: licensure and fine actions, Certificate of Need actions, administrative rule actions, and bankruptcy actions. In addition, the facilities attorneys prepare bill analysis, draft responses to petitions for declaratory statements, waivers and variances, respond to public records requests, conduct administrative rule reviews, provide representation to Agency employees at depositions, and provide other advice and counsel on HQA legal matters.

#### ***The Litigation Section***

The Litigation Section represents and defends the Agency throughout Florida in federal district court and state circuit court. Representation includes such matters as putative class actions; federal constitutional claims (spending clause and equal rights); alleged violations of the federal Medicaid Act; alleged violations of Florida's Medicaid Act; and others.

#### ***The Medicaid Section***

The Medicaid Section provides guidance about improvements to programmatic aspects of Medicaid operations as well as procedural recommendations to improve the likelihood of success should the Agency's actions be challenged in court. The attorneys represent the Agency in Medicaid-related litigation before administrative tribunals. The attorneys are involved in litigation resulting from record reviews (audits) performed by the Agency or contracted vendors related to the recovery of overpayments from providers, protests related to public procurement activities, and challenges to Agency rules. Additionally, litigation can result from actions taken by the Division of Medicaid or the Bureau of Medicaid Program Integrity related to the provider's enrollment status (termination from the program), real-time reviews of claims for reimbursement (pre-payment reviews), the withholding of reimbursements upon evidence of fraud, or other complaints by providers, recipients, or advocacy groups.

#### ***The Medicaid Managed Care Section***

The Medicaid Managed Care Section provides counsel in all matters relating to managed care for the Agency. This begins with the reorientation of the Agency around managed care and ranges from procurements related to managed care, contract management, litigation, compliance with federal law and the ongoing work with the federal waivers granted by CMS, any expansion of Medicaid enrollment which could potentially occur due to the Affordable Care Act, and legislative support.

#### ***Rules Coordinator***

The Rules Coordinator provides legal guidance and recommendations to the Agency's divisions regarding the rulemaking process. The Agency's rulemaking activities are reviewed and tracked to ensure compliance with the relevant statutes and rules.

### Obtaining Public Records

Public records, such as publications, documents, forms, applications for licenses, permits and other similar certifications or rights granted by the agency, or other information, may be obtained by contacting the Public Records Office at:

Public Records Office  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308-5403  
(850) 412-3688 (Tel.)  
(850) 921-0158 (Fax)  
[PublicRecordsReq@ahca.myflorida.com](mailto:PublicRecordsReq@ahca.myflorida.com)

### Agency Clerk

#### **Contact Information**

The name, position, mailing address, telephone number, and e-mail address of the current Agency Clerk is:

Richard J. Shoop, Agency Clerk  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
(850) 412-3671 (Tel.)  
(850) 921-0158 (Fax)  
[Richard.Shoop@ahca.myflorida.com](mailto:Richard.Shoop@ahca.myflorida.com)

#### **Duties and Responsibilities**

The duties and responsibilities of the Agency Clerk are listed above under the General Counsel section of the Agency's Statement of Organization and Operation.

#### **Filing documents**

Petitions for hearing and other pleadings filed pursuant to the administrative process of Chapter 120, Florida Statutes may be filed with the Agency by U.S. mail or courier sent to the Agency Clerk at the address listed above, by hand delivery at 2727 Mahan Drive, Ft, Knox Building #3, Tallahassee, Florida 32308, by facsimile transmission to (850) 921-0158, or by electronic filing through the Agency's website at <http://apps.ahca.myflorida.com/Efile>. All pleadings filed with the Agency shall meet the requirements of Rule 28-106.104, Florida Administrative Code, as well as the requirements of Rules 28-106.201 or 28-106.2015, Florida Administrative Code (whichever is applicable), in the case of petitions for hearing. The filing date for documents filed by facsimile or electronic transmission shall be the date the Agency Clerk receives the complete document. Documents filed by facsimile or electronic transmission after 5:00 pm shall be deemed to have been filed as of 8:00 a.m. on the next regular business day. A document shall be filed by only one method (e-file, facsimile, courier, hand-delivery, or U.S. mail) and shall not be filed multiple times. A duplicate filing will not be docketed and will be destroyed.

***Variances and Waivers***

The name and address of the appropriate contact person for obtaining information about variances from or waivers of agency rules is:

Richard J. Shoop, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, MS#3  
Tallahassee, Florida 32308  
(850) 412-3671

A party may file a petition for variances or waiver with the agency by filing a petition that is in compliance with the requirements of Section 120.542(5), Florida Statutes, and Rule 28-104.002, Florida Administrative Code, with the Agency Clerk by one of the methods authorized above.

***Hours of Operation***

The Agency's hours of operation during which filings will be accepted are 8:00 a.m. to 5:00 p.m., Monday through Friday.

***Index of Final Orders***

The Agency used the Florida Administrative Law Reports as its official reporter for all Agency final orders rendered prior to September 1, 2013 that were required to be indexed pursuant to Section 120.53, Florida Statutes. Copies of the Florida Administrative Law Reports may be obtained from local libraries or by contacting the Florida Administrative Law Reports at Post Office Box 6020, Gainesville, Florida 32627, (352) 375-8036, [fafr@fafr.com](mailto:fafr@fafr.com). The Agency currently uses the website of the Division of Administrative Hearings as its official reporter for all Agency final orders required to be indexed pursuant to Section 120.53, Florida Statutes, that have been rendered since September 1, 2013. The Division of Administrative Hearings' website can be found at <http://www.doah.state.fl.us/>.